



# Arkansas Secretary of State

**Charlie Daniels**

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

**Instructions:** File in **DUPLICATE** with the Secretary of State's Business Services Division, State Capitol, Little Rock, Arkansas 72201-1094 with payment of fees. A copy will be returned to the partnership at the listed address.

**Business Services Division**

State Capitol Building

Little Rock, Arkansas

72201-1094

PLEASE TYPE OR CLEARLY PRINT IN INK

## Statement of Qualification of Foreign Limited Liability Partnership

(Under Act 1518 of 1999)

(Please Type or Print)

1. The name of the Limited Liability Partnership is (name must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", "R.L.L.P.", "L.L.P.", "FLLP", or "LLP").:

2. State of origination: \_\_\_\_\_

3. Street address of the partnership's chief executive office is: \_\_\_\_\_

\_\_\_\_\_  
Street and Number City State ZIP

Street address of an office in Arkansas if different from the chief executive office:

\_\_\_\_\_  
Street and Number City State ZIP

5. The name and address of the agent for service of process in the State of Arkansas if there is no office in Arkansas (must be individual resident or have authority to do business in Arkansas):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
Street and Number City State ZIP

6. Deferred effective date, if any: \_\_\_\_\_

I, hereby, state that the above-listed limited liability partnership is a registered limited liability partnership and satisfies the requirements of the state or other jurisdiction under whose laws it is formed.

Signed \_\_\_\_\_  
(General Partner) (Date)